

# Civil Engineering and Technical Student Summer Employment Referral Program

Agency _____	Date _____
Department _____	
Contact Person _____	Title _____
Phone _____	
Address _____	
City/State/Zip _____	

## Type of Summer Work Available in Your Agency

### **Construction**

Number of Positions: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Comments/Requirements: \_\_\_\_\_

### **Design**

Number of Positions: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Comments/Requirements: \_\_\_\_\_

### **Engineering**

Number of Positions: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Comments/Requirements: \_\_\_\_\_

### **Surveying**

Number of Positions: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Comments/Requirements: \_\_\_\_\_

### **Other**

Number of Positions: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Comments/Requirements: \_\_\_\_\_

**Approximate Closing Date:** \_\_\_\_\_

**Return this form to: Laurel Gray, WST2 Center, WSDOT, Highways & Local Programs Service Center, PO Box 47390, Olympia, WA 98504-7390. Or fax to (360) 705-6858.**

**If you have questions, please call Ms. Gray at (360) 705-7355 or e-mail to [grayl@wsdot.wa.gov](mailto:grayl@wsdot.wa.gov).**

/Student Referral/LA Needs Form